



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Group Hospitalization and Medical Services, Inc.

NAIC Group Code	0380 (Current)	0380 (Prior)	NAIC Company Code	53007	Employer's ID Number	53-0078070
Organized under the Laws of	District of Columbia			State of Domicile or Port of Entry	DC	
Country of Domicile	United States of America					
Licensed as business type:	HMDI					
Is HMO Federally Qualified?	Yes [] No []					
Incorporated/Organized	08/11/1939			Commenced Business	03/15/1934	
Statutory Home Office	840 First Street NE (Street and Number)			Washington, DC, US 20065 (City or Town, State, Country and Zip Code)		
Main Administrative Office	10455 Mill Run Circle (Street and Number)			410-581-3000 (Area Code) (Telephone Number)		
	Owings Mills, MD, US 21117 (City or Town, State, Country and Zip Code)					
Mail Address	10455 Mill Run Circle (Street and Number or P.O. Box)			Owings Mills, MD, US 21117 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	10455 Mill Run Circle (Street and Number)			410-998-7011 (Area Code) (Telephone Number)		
	Owings Mills, MD, US 21117 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.carefirst.com					
Statutory Statement Contact	William Vincent Stack (Name)			410-998-7011 (Area Code) (Telephone Number)		
	bill.stack@carefirst.com (E-mail Address)			410-998-6850 (FAX Number)		

OFFICERS

President and Chief Executive Officer	Chester Emerson Burrell	Corp. Treasurer & VP	Jeanne Ann Kennedy
Corp. Secretary, Exec.VP & Gen. Counsel	Meryl Davis Burgin		

OTHER

Gregory Mark Chaney, EVP, CFO	Jonathan David Blum, EVP, Medical Affairs	Harry Dietz Fox, EVP, Technical & Ops Support
Steven Jon Margolis, EVP, Small & Medium Group SBU	Wanda Kay Oneferu-Bey, EVP, Consumer Direct SBU	Brian David Pieninck #, EVP, Large Group SBU
Fred Adrian Walton Plumb, EVP, SBU-FEHBP	Jennifer Ann Cryor Baldwin, SVP, Patient Centered Medical Home (PCMH)	Rita Ann Costello, SVP, Strategic Marketing
Michael Bruce Edwards, SVP, Networks Mgmt	Usha Nakhasi, SVP, Gen Mgr SBPASC/FEPOC	Jon Paul Shematek, SVP, Chief Medical Officer
Gwendolyn Denise Skillern, SVP, General Auditor	Maria Harris Tildon, SVP, Public Policy	Michelle Judith Wright, SVP, Human Resources

DIRECTORS OR TRUSTEES

Shirley Marcus Allen	Clifford Edward Barnes	Faye Ford Fields
Artis Gail Hampshire-Cowan	Polly Povejsil Heath	Wendell Lee Johns
Robert Carl Kovarik Jr.	Jack Allan Meyer	Shirley Rollins Patterson
Elena Victoria Rios	Patricia Amelia Rodriguez	Robert Lee Sloan

State of Maryland SS:
County of Baltimore

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Chester Emerson Burrell President and Chief Executive Officer	 Meryl Davis Burgin Corp. Secretary, Exec. VP & Gen. Counsel	 Jeanne Ann Kennedy Corp. Treasurer & VP
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Subscribed and sworn to before me this 22nd day of February, 2016
Kathleen M. Rumbly

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CaremarkPCS Health, LLC	43,396,965	0	0	0	0	43,396,965
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	43,396,965	0	0	0	0	43,396,965
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	496,399	137,842	113,992	6,544,378	7,292,611	0
0299999. Total Claim Overpayment Receivables	496,399	137,842	113,992	6,544,378	7,292,611	0
Johns Hopkins Hospital	21,566,600	0	0	0	0	21,566,600
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	89,444,899	0	0	0	0	89,444,899
0399999. Total Loans and Advances to Providers	111,011,499	0	0	0	0	111,011,499
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	1,034,983	0	0	0	0	1,034,983
0699999. Total Other Receivables	1,034,983	0	0	0	0	1,034,983
0799999 Gross health care receivables	155,939,846	137,842	113,992	6,544,378	7,292,611	155,443,447

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	24,912,386	0	0	43,396,965	24,912,386	24,912,386
2. Claim overpayment receivables	7,252,317	0	0	7,292,611	7,252,317	7,252,317
3. Loans and advances to providers	95,603,199	0	0	111,011,499	95,603,199	95,603,199
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.....	1,678,943	0	0	1,034,983	1,678,943	1,678,943
7. Totals (Lines 1 through 6)	129,446,845	0	0	162,736,058	129,446,845	129,446,845

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	19,152,768	0	16,065,067	3,087,701	3,087,701	0
2.	Medical furniture, equipment and fixtures	0	0	0	0	0	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	0	8,896,303	4,058,423	4,837,880	4,837,880	0
6.	Total	19,152,768	8,896,303	20,123,490	7,925,581	7,925,581	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Group Hospitalization and Medical Services, Inc. 2. Washington, DC

NAIC Group Code		0380		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2015		(LOCATION)		NAIC Company Code		53007					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2		3															
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		224,369		8,820		98,784		1,696		1,763		5,764		90,437		0		0		17,105	
2. First Quarter		221,373		9,798		94,612		1,711		1,943		6,608		89,563		0		0		17,138	
3. Second Quarter		217,140		9,739		93,218		1,734		2,147		5,808		89,306		0		0		15,188	
4. Third Quarter		215,905		9,828		92,877		1,800		2,620		6,160		89,241		0		0		13,379	
5. Current Year		217,547		9,535		92,639		1,807		3,001		6,551		88,903		0		0		15,111	
6. Current Year Member Months		2,620,889		116,053		1,124,579		21,031		27,693		73,783		1,073,658		0		0		184,092	
Total Member Ambulatory Encounters for Year:																					
7. Physician		2,060,394		58,820		586,121		26,522		0		0		1,388,931		0		0		0	
8. Non-Physician		1,027,622		31,408		263,015		10,245		0		0		722,954		0		0		0	
9. Total		3,088,016		90,228		849,136		36,767		0		0		2,111,885		0		0		0	
10. Hospital Patient Days Incurred		47,193		1,733		13,915		1,337		0		0		30,208		0		0		0	
11. Number of Inpatient Admissions		10,196		440		3,933		268		0		0		5,555		0		0		0	
12. Health Premiums Written (b)		940,250,776		34,550,797		474,970,239		4,069,910		7,864,806		22,279,429		390,082,047		0		0		6,433,548	
13. Life Premiums Direct		0		0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned.....		939,029,338		32,660,797		474,970,239		4,069,910		7,864,806		22,279,429		390,750,609		0		0		6,433,548	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services.....		785,255,600		36,721,442		362,199,623		2,697,838		7,336,639		15,593,823		356,679,501		0		0		4,026,734	
18. Amount Incurred for Provision of Health Care Services		784,416,850		37,046,452		359,325,159		2,801,895		7,337,900		15,884,867		357,761,501		0		0		4,259,076	

(a) For health business: number of persons insured under PPO managed care products169,551 and number of persons insured under indemnity only products7,542 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Maryland		2015							NAIC Company Code	
		Comprehensive (Hospital & Medical)									53007	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	326,660	38,519	76,425	4,706	9,401	38,701	155,804	0	0	3,104	
2.	First Quarter	333,167	45,815	69,916	4,980	9,447	40,164	157,060	0	0	5,785	
3.	Second Quarter	324,335	45,473	69,706	5,133	8,839	33,341	156,181	0	0	5,662	
4.	Third Quarter	322,589	44,548	69,708	5,225	8,840	32,761	155,811	0	0	5,696	
5.	Current Year	319,001	43,628	68,053	5,334	8,719	32,227	155,415	0	0	5,625	
6.	Current Year Member Months	3,904,921	535,806	833,361	61,563	108,267	422,511	1,875,467	0	0	67,946	
Total Member Ambulatory Encounters for Year:												
7.	Physician	4,261,931	200,714	366,435	82,951	0	0	3,611,831	0	0	0	
8.	Non-Physician	2,200,072	126,649	165,263	28,422	0	0	1,879,738	0	0	0	
9.	Total	6,462,003	327,363	531,698	111,373	0	0	5,491,569	0	0	0	
10.	Hospital Patient Days Incurred	98,191	6,671	9,357	3,473	0	0	78,690	0	0	0	
11.	Number of Inpatient Admissions	19,480	1,586	2,559	699	0	0	14,636	0	0	0	
12.	Health Premiums Written (b)	1,367,151,616	115,101,035	299,054,243	10,797,166	3,256,954	30,797,466	903,494,269	0	0	4,650,483	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,368,471,129	115,119,750	298,850,776	10,797,166	3,256,954	30,797,466	904,998,534	0	0	4,650,483	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,202,288,439	121,987,437	220,697,043	10,121,327	2,677,312	19,595,947	826,144,541	0	0	1,064,832	
18.	Amount Incurred for Provision of Health Care Services	1,199,521,964	123,129,710	216,925,256	10,209,359	2,677,312	19,631,538	828,579,041	0	0	(1,630,252)	

(a) For health business: number of persons insured under PPO managed care products246,053 and number of persons insured under indemnity only products20,890 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Group Hospitalization and Medical Services, Inc. 2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Virginia		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	53007	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	249,338	21,248	84,196	2,726	3,591	7,898	119,340	0	0	10,339	
2.	First Quarter	256,564	26,555	87,408	2,817	3,438	8,106	120,109	0	0	8,131	
3.	Second Quarter	253,039	26,171	86,054	2,880	3,482	6,091	119,750	0	0	8,611	
4.	Third Quarter	250,402	25,676	83,826	2,947	3,558	6,309	119,264	0	0	8,822	
5.	Current Year	249,496	24,799	82,093	3,006	3,743	6,564	119,513	0	0	9,778	
6.	Current Year Member Months	3,031,936	308,193	1,023,867	34,701	42,443	82,787	1,436,243	0	0	103,702	
Total Member Ambulatory Encounters for Year:												
7.	Physician	3,500,022	145,437	542,319	45,529	0	0	2,766,737	0	0	0	
8.	Non-Physician	1,719,074	68,308	195,655	15,618	0	0	1,439,493	0	0	0	
9.	Total	5,219,096	213,745	737,974	61,147	0	0	4,206,230	0	0	0	
10.	Hospital Patient Days Incurred	79,128	4,595	12,494	1,836	0	0	60,203	0	0	0	
11.	Number of Inpatient Admissions	16,522	1,220	3,692	416	0	0	11,194	0	0	0	
12.	Health Premiums Written (b)	1,214,278,987	85,875,210	400,288,642	7,058,015	1,773,741	13,469,367	702,717,765	0	0	3,096,247	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,213,889,014	84,850,549	399,753,346	7,058,015	1,773,741	13,469,367	703,887,749	0	0	3,096,247	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,048,546,302	85,639,911	302,223,791	4,734,872	1,605,903	11,568,132	642,556,865	0	0	216,828	
18.	Amount Incurred for Provision of Health Care Services	1,049,918,520	87,348,862	301,351,312	4,707,296	1,605,903	11,590,540	644,450,365	0	0	(1,135,758)	

(a) For health business: number of persons insured under PPO managed care products 199,815 and number of persons insured under indemnity only products 8,820 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2015		(LOCATION)	
0380										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		800,367	68,587	259,405	9,128	14,755	52,363	365,581	0	0	30,548
2. First Quarter		811,104	82,168	251,936	9,508	14,828	54,878	366,732	0	0	31,054
3. Second Quarter		794,514	81,383	248,978	9,747	14,468	45,240	365,237	0	0	29,461
4. Third Quarter		788,896	80,052	246,411	9,972	15,018	45,230	364,316	0	0	27,897
5. Current Year		786,044	77,962	242,785	10,147	15,463	45,342	363,831	0	0	30,514
6. Current Year Member Months		9,557,746	960,052	2,981,807	117,295	178,403	579,081	4,385,368	0	0	355,740
Total Member Ambulatory Encounters for Year:											
7. Physician		9,822,347	404,971	1,494,875	155,002	0	0	7,767,499	0	0	0
8. Non-Physician		4,946,768	226,365	623,933	54,285	0	0	4,042,185	0	0	0
9. Total		14,769,115	631,336	2,118,808	209,287	0	0	11,809,684	0	0	0
10. Hospital Patient Days Incurred		224,512	12,999	35,766	6,646	0	0	169,101	0	0	0
11. Number of Inpatient Admissions		46,198	3,246	10,184	1,383	0	0	31,385	0	0	0
12. Health Premiums Written (b)		3,521,681,379	235,527,042	1,174,313,124	21,925,091	12,895,501	66,546,262	1,996,294,081	0	0	14,180,278
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		3,521,389,481	232,631,096	1,173,574,361	21,925,091	12,895,501	66,546,262	1,999,636,892	0	0	14,180,278
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		3,036,090,341	244,348,790	885,120,457	17,554,037	11,619,854	46,757,902	1,825,380,907	0	0	5,308,394
18. Amount Incurred for Provision of Health Care Services		3,033,857,334	247,525,024	877,601,727	17,718,550	11,621,115	47,106,945	1,830,790,907	0	0	1,493,066

(a) For health business: number of persons insured under PPO managed care products 615,419 and number of persons insured under indemnity only products 37,252 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	CML	100,311,135	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/L	MS	621,155	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	D	13,649,223	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	OH	1,338,716	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							115,920,229	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							115,920,229	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							115,920,229	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	1,099,478	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							1,099,478	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							1,099,478	0	0	0	0	0	0
1199999. Total General Account Authorized							117,019,707	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							117,019,707	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							117,019,707	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							117,019,707	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	117,020	170,912	213,590	275,737	369,607
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	119,821	146,365	167,151	221,931	281,857
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	9,407	10,229	11,550	18,542	22,883
8. Reinsurance recoverable on paid losses	29,752	16,702	16,926	8,007	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,072,992,817	0	1,072,992,817
2. Accident and health premiums due and unpaid (Line 15)	277,635,135	0	277,635,135
3. Amounts recoverable from reinsurers (Line 16.1)	29,751,851	(29,751,851)	0
4. Net credit for ceded reinsurance	XXX	38,947,855	38,947,855
5. All other admitted assets (Balance)	912,365,428	0	912,365,428
6. Total assets (Line 28)	2,292,745,231	9,196,004	2,301,941,235
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	278,533,914	9,406,726	287,940,640
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	47,514,913	0	47,514,913
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	1,006,481,881	(210,722)	1,006,271,159
15. Total liabilities (Line 24)	1,332,530,708	9,196,004	1,341,726,712
16. Total capital and surplus (Line 33)	960,214,523	XXX	960,214,523
17. Total liabilities, capital and surplus (Line 34)	2,292,745,231	9,196,004	2,301,941,235
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	9,406,726		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	29,751,851		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	39,158,577		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	210,722		
30. Total ceded reinsurance payables/offsets	210,722		
31. Total net credit for ceded reinsurance	38,947,855		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	0	0	0	0	0	0
2.	Alaska	AK	0	0	0	0	0	0
3.	Arizona	AZ	0	0	0	0	0	0
4.	Arkansas	AR	0	0	0	0	0	0
5.	California	CA	0	0	0	0	0	0
6.	Colorado	CO	0	0	0	0	0	0
7.	Connecticut	CT	0	0	0	0	0	0
8.	Delaware	DE	0	0	0	0	0	0
9.	District of Columbia	DC	0	0	0	1,619	0	1,619
10.	Florida	FL	0	0	0	0	0	0
11.	Georgia	GA	0	0	0	0	0	0
12.	Hawaii	HI	0	0	0	0	0	0
13.	Idaho	ID	0	0	0	0	0	0
14.	Illinois	IL	0	0	0	0	0	0
15.	Indiana	IN	0	0	0	0	0	0
16.	Iowa	IA	0	0	0	0	0	0
17.	Kansas	KS	0	0	0	0	0	0
18.	Kentucky	KY	0	0	0	0	0	0
19.	Louisiana	LA	0	0	0	0	0	0
20.	Maine	ME	0	0	0	0	0	0
21.	Maryland	MD	0	0	0	4,038	0	4,038
22.	Massachusetts	MA	0	0	0	0	0	0
23.	Michigan	MI	0	0	0	0	0	0
24.	Minnesota	MN	0	0	0	0	0	0
25.	Mississippi	MS	0	0	0	0	0	0
26.	Missouri	MO	0	0	0	0	0	0
27.	Montana	MT	0	0	0	0	0	0
28.	Nebraska	NE	0	0	0	0	0	0
29.	Nevada	NV	0	0	0	0	0	0
30.	New Hampshire	NH	0	0	0	0	0	0
31.	New Jersey	NJ	0	0	0	0	0	0
32.	New Mexico	NM	0	0	0	0	0	0
33.	New York	NY	0	0	0	0	0	0
34.	North Carolina	NC	0	0	0	0	0	0
35.	North Dakota	ND	0	0	0	0	0	0
36.	Ohio	OH	0	0	0	0	0	0
37.	Oklahoma	OK	0	0	0	0	0	0
38.	Oregon	OR	0	0	0	0	0	0
39.	Pennsylvania	PA	0	0	0	0	0	0
40.	Rhode Island	RI	0	0	0	0	0	0
41.	South Carolina	SC	0	0	0	0	0	0
42.	South Dakota	SD	0	0	0	0	0	0
43.	Tennessee	TN	0	0	0	0	0	0
44.	Texas	TX	0	0	0	0	0	0
45.	Utah	UT	0	0	0	0	0	0
46.	Vermont	VT	0	0	0	0	0	0
47.	Virginia	VA	0	0	0	2,819	0	2,819
48.	Washington	WA	0	0	0	0	0	0
49.	West Virginia	WV	0	0	0	0	0	0
50.	Wisconsin	WI	0	0	0	0	0	0
51.	Wyoming	WY	0	0	0	0	0	0
52.	American Samoa	AS	0	0	0	0	0	0
53.	Guam	GU	0	0	0	0	0	0
54.	Puerto Rico	PR	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	0	0	0	0	0	0
57.	Canada	CAN	0	0	0	0	0	0
58.	Aggregate Other Alien	OT	0	0	0	0	0	0
59.	Total		0	0	0	8,476	0	8,476

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
.....	N/A

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
47021 53007	52-2069215 53-0078070	CareFirst, Inc. Group Hospitalization and Medical Services, Inc.	0 0	0 0	0 0	0 0	24,950,360 3,468,395	0 0		0 0	24,950,360 3,468,395	0 (429,499)
47058 00000	52-1385894 20-1907367	CareFirst of Maryland, Inc. Service Benefit Plan Administrative Services Corporation	0 0	0 0	0 0	0 0	440,160,335 (41,662,709)	0 0		0 0	440,160,335 (41,662,709)	429,499 0
00000 00000	52-1187907 52-1724358	CFA, LLC Capital Area Services Company, LLC	0 0	0 0	0 0	0 0	(28,005,909) 41,513,379	0 0		0 0	(28,005,909) 41,513,379	0 0
96202 13130	52-1358219 52-1840919	CareFirst BlueChoice, Inc. The Dental Network, Inc.	0 0	0 0	0 0	0 0	(440,423,851) 0	0 0		0 0	(440,423,851) 0	(679,423) 679,423
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

- Explanations:
1.

An extension was granted by the state of domicile to file on 4/15/2016.
12.
13.
14.

Not a stock company.
15.
16.
17.
18.
19.
20.
23.

Bar Codes:	
12.	Life Supplement [Document Identifier 205]
13.	Property/Casualty Supplement [Document Identifier 207]
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
17.	Medicare Part D Coverage Supplement [Document Identifier 365]
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]
23.	Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]



SUPPLEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia.....
NAIC Group Code 0380..... NAIC Company Code 53007.....
ADDRESS (City, State and Zip Code) Washington , DC 20065.....
Person Completing This Exhibit Sarah Arvey.....
Title Actuarial Analyst..... Telephone Number 410-998-4763.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	Blue Cross Blue Shield 65	P	NO	.0000000	.01/01/1965		.11/06/1992	.07/31/1992	DC BCBS 65	262,294	198,926	.75.8	.89	.0	.0	.0.0	.0
NO	PR065-0790	P	NO	.0000000	.07/01/1990		.11/06/1992	.07/31/1992	DC Protection 65	147,457	131,796	.89.4	.42	.0	.0	.0.0	.0
YES	Medigap Plan A DC (5/99)	A	NO	.0000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	51,492	6,129	.11.9	.9	.0	.0	.0.0	.0
YES	Medigap Plan C DC (5/99)	C	NO	.0000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	180,024	135,834	.75.5	.30	.0	.0	.0.0	.0
YES	Medigap UW/ Plan C DC (1/01)	C	NO	.0000000	.10/25/2000			.05/31/2010	Underwritten	105,380	69,252	.65.7	.34	.0	.0	.0.0	.0
YES	Medigap Plan F DC (5/99)	F	NO	.0000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	519,917	264,425	.50.9	.105	.0	.0	.0.0	.0
YES	Medigap UW/ Plan F DC (1/01)	F	NO	.0000000	.10/25/2000			.05/31/2010	Underwritten	1,425,681	838,860	.58.8	.555	.0	.0	.0.0	.0
YES	DC/CF/MG UW PLAN B (6/10)	B	NO	.0000000	.05/07/2010			.01/01/2012	Underwritten	8,138	698	8.6	.4	.0	.0	.0.0	.0
YES	DC/CF/MG PLAN C (6/10)	C	NO	.0000000	.02/11/2010			.01/01/2012	DC Supplement 65	66,684	47,630	.71.4	.11	.0	.0	.0.0	.0
YES	DC/CF/MG UW PLAN C (6/10)	C	NO	.0000000	.02/11/2010			.01/01/2012	Underwritten	14,133	32,671	231.2	.5	.0	.0	.0.0	.0
YES	DC/CF/MG UW PLAN F (6/10)	F	NO	.0000000	.02/22/2010			.01/01/2012	Underwritten	261,492	256,225	98.0	.122	.0	.0	.0.0	.0
YES	DC/CF/MG UW PLAN HI DED F (6/10)	F	NO	.0000000	.02/23/2010			.01/01/2012	Underwritten	31,499	15,265	.48.5	.28	.0	.0	.0.0	.0
YES	DC/CF/MG UW PLAN N (6/10)	N	NO	.0000000	.02/23/2010			.01/01/2012	Underwritten	2,487	584	.23.5	.1	.0	.0	.0.0	.0
YES	DC/CF/MG PLAN A (6/10)	A	NO	.0234560	.02/11/2010				DC Supplement 65	26,628	8,513	.32.0	.6	51,017	15,670	30.7	.6
YES	DC/CF/MG PLAN B (6/10)	B	NO	.0234500	.05/04/2010				DC Supplement 65	1,343	10,791	803.5	.1	11,386	102,413	899.5	.6
YES	DC/CF/MG PLAN F (6/10)	F	NO	.0234500	.02/11/2010				DC Supplement 65	222,950	123,815	.55.5	.90	677,022	398,278	58.8	402
YES	DC/CF/MG PLAN HI DED F (6/10)	F	NO	.0234500	.03/31/2010				DC Supplement 65	13,983	21,913	156.7	.12	36,912	8,618	23.3	.53
YES	DC/CF/MG PLAN G (2/12)	G	NO	.0234500	.12/09/2011				DC Supplement 65	5,127	3,536	.69.0	.2	19,314	28,265	146.3	.10
YES	DC/CF/MG PLAN L (2/12)	L	NO	.0234500	.12/09/2011				DC Supplement 65	.0	.0	0.0	.0	3,964	1,303	32.9	.2
YES	DC/CF/MG PLAN N (6/10)	N	NO	.0234500	.02/11/2010				DC Supplement 65	7,237	3,364	.46.5	.4	42,837	51,327	119.8	.34
0199999. Total Experience on Individual Policies										3,353,946	2,170,227	64.7	1,150	842,452	605,874	71.9	513

360.DC



SUPPLEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
- PRODUCT PREDATES OBRA
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
- 2.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
- 3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....
NAIC Group Code 0380 NAIC Company Code 53007
ADDRESS (City, State and Zip Code) Washington , DC 20065
Person Completing This Exhibit Sarah Arvey
Title Actuarial Analyst Telephone Number 410-998-4763

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	Blue Cross Blue Shield 65	P	NO	.0000000	.01/01/1965		.10/27/1993	.06/30/1992	MD BCBS 65	597,991	589,284	98.5	220	.0	.0	0.0	0
NO	PR065-0790	P	NO	.0000000	.08/24/1990		.10/27/1993	.06/30/1992	MD Protection 65	452,384	369,750	81.7	135	.0	.0	0.0	0
YES	Medigap Plan A (5/99) MD	A	NO	.0000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	44,778	45,622	101.9	16	.0	.0	0.0	0
YES	Medigap Plan C (5/99) MD	C	NO	.0000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	231,102	193,120	83.6	68	.0	.0	0.0	0
YES	Medigap Plan F (5/99) MD	F	NO	.0000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	737,317	566,747	76.9	187	.0	.0	0.0	0
YES	MD/CF/MG PLAN C (6/10)	C	NO	.0000000	.03/26/2010			.06/01/2012	MD Supplement 65	399,406	481,321	120.5	97	.0	.0	0.0	0
YES	MD/CF/MG PLAN A (6/10)	A	NO	.0234560	.03/26/2010				MD Supplement 65	258,680	1,167,293	451.2	141	387,874	1,182,306	304.8	246
YES	MD/CF/MG PLAN B (6/10)	B	NO	.0234500	.03/26/2010				MD Supplement 65	63,910	42,548	66.6	31	51,725	59,926	115.9	27
YES	MD/CF/MG PLAN F (6/10)	F	NO	.0234500	.03/26/2010				MD Supplement 65	1,727,379	1,593,576	92.3	743	4,148,402	2,868,566	69.1	1,996
YES	MD/CF/MG PLAN HI DED F (6/10)	F	NO	.0234500	.03/26/2010				MD Supplement 65	164,491	137,995	83.9	263	487,367	293,666	60.3	788
YES	MD/CF/MG PLAN G (2/12)	G	NO	.0234500	.03/27/2012				MD Supplement 65	23,533	5,599	23.8	11	194,397	106,469	54.8	114
YES	MD/CF/MG PLAN L (2/12)	L	NO	.0234500	.03/27/2012				MD Supplement 65	.0	.0	0.0	.0	10,400	3,028	29.1	7
YES	MD/CF/MG PLAN M (2/12)	M	NO	.0234500	.03/27/2012				MD Supplement 65	2,997	471	15.7	.1	6,685	7,263	108.6	4
YES	MD/CF/MG PLAN N (6/10)	N	NO	.0234500	.03/26/2010				MD Supplement 65	58,501	98,474	168.3	33	582,871	299,646	51.4	342
0199999. Total Experience on Individual Policies										4,762,469	5,291,800	111.1	1,946	5,869,721	4,820,870	82.1	3,524

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
PRODUCT PREDATES OBRA
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
2.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117
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4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....
NAIC Group Code 0380..... NAIC Company Code 53007.....
ADDRESS (City, State and Zip Code) Washington , DC 20065.....
Person Completing This Exhibit Sarah Arvey.....
Title Actuarial Analyst..... Telephone Number 410-998-4763.....

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	4F9-12014 (6/89)																
NO		P	NO	.0000000	.01/01/1965			.07/31/1992	VA BCBS 65	376,073	345,680	.91.9	121	.0	.0	.0.0	.0
NO	PR065-0790	P	NO	.0000000	.07/01/1990			.07/31/1992	VA Protection 65	182,880	189,675	103.7	77	.0	.0	.0.0	.0
	Medigap Plan A																
YES	VA (5/99)	A	NO	.0000000	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	150,882	106,595	.70.6	22	.0	.0	.0.0	.0
	Medigap Plan C																
YES	VA (5/99)	C	NO	.0000000	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	240,328	243,011	101.1	26	.0	.0	.0.0	.0
	Medigap UW Plan																
YES	C VA (1/01)	C	NO	.0000000	.12/29/2000			.05/31/2010	Underwritten	195,076	130,083	.66.7	56	.0	.0	.0.0	.0
	Medigap Plan F																
YES	VA (5/99)	F	NO	.0000000	.07/30/1992		.10/12/2000	.05/31/2010	VA Supplement 65	702,942	330,912	.47.1	117	.0	.0	.0.0	.0
	Medigap UW Plan																
YES	F VA (1/01)	F	NO	.0000000	.12/29/2000			.05/31/2010	Underwritten	2,316,377	1,508,563	.65.1	828	.0	.0	.0.0	.0
	VA/CF/MG UW PLAN																
YES	B (6/10)	B	NO	.0000000	.05/21/2010			.09/01/2012	VA Supplement 65	12,203	54,598	447.4	.7	.0	.0	.0.0	.0
	VA/CF/MG PLAN C																
YES	(6/10)	C	NO	.0000000	.05/21/2010			.09/01/2012	VA Supplement 65	115,745	37,001	.32.0	12	.0	.0	.0.0	.0
	VA/CF/MG UW PLAN																
YES	C (6/10)	C	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	20,438	38,487	188.3	.7	.0	.0	.0.0	.0
	VA/CF/MG UW PLAN																
YES	F (6/10)	F	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	607,200	355,337	.58.5	261	.0	.0	.0.0	.0
	VA/CF/MG UW PLAN																
YES	HI DED F (6/10)	F	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	35,171	1,359	3.9	36	.0	.0	.0.0	.0
	VA/CF/MG UW PLAN																
YES	N (6/10)	N	NO	.0000000	.05/21/2010			.09/01/2012	Underwritten	5,891	259	4.4	.4	.0	.0	.0.0	.0
	VA/CF/MG PLAN A																
YES	(6/10)	A	NO	.0234560	.05/21/2010				VA Supplement 65	30,124	25,636	.85.1	.5	49,737	22,004	44.2	8
	VA/CF/MG PLAN B																
YES	(6/10)	B	NO	.0234500	.05/21/2010				VA Supplement 65	4,639	1,510	.32.6	.2	15,967	16,417	102.8	9
	VA/CF/MG PLAN F																
YES	(6/10)	F	NO	.0234500	.05/21/2010				VA Supplement 65	169,548	155,137	.91.5	70	1,625,562	1,071,657	65.9	1,100
	VA/CF/MG PLAN HI																
YES	DED F (6/10)	F	NO	.0234500	.05/21/2010				VA Supplement 65	14,291	903	6.3	11	58,237	76,239	130.9	96
	VA/CF/MG PLAN G																
YES	(2/12)	G	NO	.0234500	.05/17/2012				VA Supplement 65	.0	.0	0.0	.0	36,223	39,886	110.1	27
	VA/CF/MG PLAN L																
YES	(2/12)	L	NO	.0234500	.05/17/2012				VA Supplement 65	.0	.0	0.0	.0	6,748	362	5.4	4
	VA/CF/MG PLAN M																
YES	(2/12)	M	NO	.0234500	.05/17/2012				VA Supplement 65	.0	.0	0.0	.0	2,661	2,181	82.0	2
	VA/CF/MG PLAN N																
YES	(6/10)	N	NO	.0234500	.05/21/2010				VA Supplement 65	6,684	1,519	.22.7	.3	114,877	74,768	65.1	103
0199999. Total Experience on Individual Policies										5,186,492	3,526,265	68.0	1,665	1,910,012	1,303,514	68.2	1,349

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SUPPLEMENT FOR THE YEAR 2015 OF THE Group Hospitalization & Medical Services, Inc.
GENERAL INTERROGATORIES

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